

<b>REVOCATION AND NEW APPOINTMENT OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		ATTORNEY DOCKET NO. <b>20938.65092</b>	
		U.S. APPLICATION SERIAL NO. <b>10/560,590</b>	CONFIRMATION NO. <b>6958</b>
		FILING DATE <b>June 27, 2006</b>	
ASSIGNEE <b>NATIONAL INSTITUTES OF HEALTH</b>	EXAMINER (if known)	ART UNIT (if known)	
TITLE OF APPLICATION <b>AMPHIPHILIC PYRIDINIUM COMPOUNDS, METHOD OF MAKING AND USE THEREOF</b>			

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number



to transact all business in the U.S. Patent & Trademark Office in connection with this application.

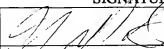
Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of a part of the entire interest (See 37 CFR 3.71). A

statement under 37 CFR 3.73(b) is enclosed. A revocation and statement under 37 CFR 3.73(b) for each additional assignee of record is also being submitted herewith.

SIGNATURE of Assignee of Record			
Signature			
Name	<b>Norbert Pontzer</b>	Title	<b>Technology Licensing Specialist</b>
Date	<b>MAY 29 2008</b>	Telephone	<b>301-435-5502</b>
NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.			

A total of 4 form(s) is/are submitted.